



**Los Angeles Office:**  
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**(By Appointment Only)**  
1600 Rosecrans Avenue, 4<sup>th</sup> Floor  
Manhattan Beach, CA 90266  
(310) 321-7664

## Congressman Ted W. Lieu

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### Privacy Release Form

In order for my office to assist you, please:

- **Fill out all pages of this form completely**
- **Include any relevant documentation**

If you have questions regarding this form, please contact my Los Angeles office at (323) 651-1040.

#### *Personal Information*

Prefix:  Mrs.     Ms.     Miss     Mr.     Mx.     Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from Residential): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Description of the Problem

What is the current problem? \_\_\_\_\_

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What steps have you taken to try to resolve the problem? \_\_\_\_\_

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What has the US Postal Service told you? \_\_\_\_\_

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Have you contacted any other office (elected officials, non-profit organizations, etc.) for assistance?

Yes (If so, which one(s)? \_\_\_\_\_)  No

### Please read and sign the following:

By filling out this Privacy Release form, I hereby authorize my member of Congress and staff to conduct any inquiries regarding my case and to be provided with any information relating to it.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for taking the time to complete this form. Please print and return it as soon as possible to my Los Angeles office via fax, email, or mail to the following address:

ATTN: Constituent Services  
Congressman Ted W. Lieu  
1645 Corinth Avenue, Suite 101  
Los Angeles, CA 90025

**Phone:** (323) 651-1040 **Fax:** (323) 655-0502

**Email:** [Lieu.Casework@mail.house.gov](mailto:Lieu.Casework@mail.house.gov)